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PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label 27081 OR ☒ Correspondence address below

Nirav D. Parikh

Name

Owens-Illinois, Inc.
One SeaGate, 25-LDP

Address

Toledo OH 43666
City State ZIP

USA (419) 247-8707 (419) 247-8555
Country Telephone Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Noel D. Family Name Wendt
(first and middle (if any)) or Surname

Inventor's Signature *[Signature]* Date 7-25-03

Toledo OH USA
Residence: City State Country Citizenship

Mailing Address ~~4945 Valencia Drive~~ 1813 BROWNSTONE BLVD #722

Toledo OH 43623 USA
City State ZIP Country

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Gregory A. Family Name Ritz
(first and middle (if any)) or Surname

Inventor's Signature *Gregory A Ritz* Date 7-28-2003

Berkey OH USA
Residence: City State Country Citizenship

9805 Wolfinger Road

Mailing Address

Berkey OH 43504 USA
City State ZIP Country

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



INCELED
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SEP 28 2004
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PTO/SB/02A (10-00)

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
William R.		Martin	
Given Name	Family Name or Surname		
Inventor's Signature <i>William R Martin</i>		Date <i>JULY 28, 2004</i>	
Slippery Rock	PA	USA	USA
Residence: City	State	Country	Citizenship
809 Kiester Road			
Mailing Address			
Mailing Address			
Slippery Rock	PA	16057	USA
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
James S.		Barnes	
Given Name	Family Name or Surname		
Inventor's Signature		Date	
Maumee	OH	USA	USA
Residence: City	State	Country	Citizenship
3344 Butz Road			
Mailing Address			
Mailing Address			
Maumee	OH	43537	USA
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Family Name or Surname		
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name William R.		Family Name or Surname Martin	
Inventor's Signature		Date	
Slippery Rock Residence: City	PA State	USA Country	USA Citizenship
809 Kiester Road Mailing Address			
Mailing Address			
Slippery Rock City	PA State	16057 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name James S.		Family Name or Surname Barnes	
Inventor's Signature <i>James S. Barnes</i>		Date 7-28-03	
Maumee Residence: City	OH State	USA Country	USA Citizenship
3344 Butz Road Mailing Address			
Mailing Address			
Maumee City	OH State	43537 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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